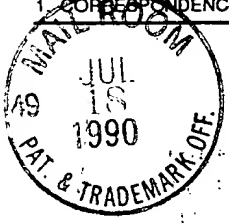


PART B - ISSUE FEE TRANSMITTAL

690.00 142 B

MAILING INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE. Blocks 2 through 6 should be completed where appropriate. All further correspondence including the Issue Fee Receipt, the Patent, advanced orders and notification of maintenance fees will be mailed to addressee entered in Block 1 unless you direct otherwise, by: (a) specifying a new correspondence address in Block 3 below; or (b) providing the PTO with a separate "FEE ADDRESS" for maintenance fee notifications with the payment of Issue Fee or thereafter. See reverse for Certificate of Mailing.

1. CORRESPONDENCE ADDRESS		2. INVENTOR(S) ADDRESS CHANGE (Complete only if there is a change)	
 <p>EXPEDITE</p> <p>SHARP KABUSHIKI KAISHA 3701 WASHINGTON STREET SUITE 400 DALLAS, TX 75244-0777</p> <p><i>ELECT</i></p>		INVENTOR'S NAME	
		Street Address	
		City, State and ZIP Code	
		CO-INVENTOR'S NAME	
		Street Address	
		City, State and ZIP Code	
		<input type="checkbox"/> Check if additional changes are on reverse side	

SERIES CODE/SERIAL NO.	FILING DATE	TOTAL CLAIMS	EXAMINER AND GROUP ART UNIT	DATE MAILED
0777	04/20/89	015	MAIL H	254 04/18/90
First Named Applicant: HIPOSHI				

TITLE OF INVENTION: ACTIVE-MATRIX DISPLAY DEVICE

ATTY'S DOCKET NO.	CLASS-SUBCLASS	BATCH NO.	APPLN. TYPE	SMALL ENTITY	FEE DUE	DATE DUE
1301	500 233.000	E75	UTILITY	NO	\$620.00	07/18/90

3. Further correspondence to be mailed to the following:	4. For printing on the patent front page, list the names of not more than 3 registered patent attorneys or agents OR alternatively, the name of a firm having as a member a registered attorney or agent. If no name is listed, no name will be printed.
	1 _____
	2 _____
	3 _____

100 PT 07/24/90 07340777

DO NOT USE THIS SPACE 1 142 620.00 CK

1301 07/26/90 07340777

02-2448 110 501 15.00CH

5. ASSIGNMENT DATA TO BE PRINTED ON THE PATENT (print or type)		6a. The following fees are enclosed:	
(1) NAME OF ASSIGNEE:		<input checked="" type="checkbox"/> Issue Fee <input type="checkbox"/> Advanced Order - # of Copies _____	
(2) ADDRESS: (City & State or Country)		(Minimum of 10)	
Sharp Kabushiki Kaisha		6b. The following fees should be charged to:	
Osaka, Japan		DEPOSIT ACCOUNT NUMBER 02-2448	
(3) STATE OF INCORPORATION, IF ASSIGNEE IS A CORPORATION		(Enclose Part C)	
Japan		<input type="checkbox"/> Issue Fee <input checked="" type="checkbox"/> Advanced Order - # of Copies 10	
		<input checked="" type="checkbox"/> Any Deficiencies in Enclosed Fees (Minimum of 10)	
A. <input type="checkbox"/> This application is NOT assigned.		The COMMISSIONER OF PATENTS AND TRADEMARKS is requested to apply the Issue Fee to the application identified above.	
<input checked="" type="checkbox"/> Assignment previously submitted to the Patent and Trademark Office.		(Signature of party in interest of record) Reg. # (Date)	
<input type="checkbox"/> Assignment is being submitted under separate cover. Assignments should be directed to Box ASSIGNMENTS.		Michael A. Mutter 29,680 7/18/90	
PLEASE NOTE: Unless an assignee is identified in Block 5, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the PTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.		NOTE: The Issue Fee will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the Patent and Trademark Office.	

TRANSMIT THIS FORM WITH FEE-CERTIFICATE OF MAILING ON REVERSE